

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 02-MAY-2012		TIME 22:02:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 292		4. BEAT/OCCUR 0713											
	5. POSITION 9161		6. LAST NAME RIVERA		7. FIRST NAME VICTOR L		8. STAR NO. 13011		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE [REDACTED]		12. HT. 510		13. WT. 190				
	14. DATE OF APPT. 03-JAN-2005		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 311 6714B		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 511		27. WT. 220						
SUBJECT INFORMATION	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? CFD AMB 58 TREATMEN		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____										
MEMBER'S RESPONSE			MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <u>OPEN HAND STRIKE</u>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____										
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA																				
	40. ADDITIONAL INFORMATION WHILE IN CUSTODY IN THE 007TH DISTRICT SUBJECT STATED, "NOW WITH THESE CUFFS OFF, IM GOING TO BEAT YOU LIKE A BITCH!" SUBJECT TURNED AND FACED A/O. SUBJECT KICKED R/O AND ATTEMPTED TO GRAB R/O. R/O PERFORMED A OPEN HAND STRIKE AND DEPLOYED TASER STRIKING SUBJECT																				
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																				
	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors																				
	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial																				
	44. WEATHER CONDITIONS CLEAR																				
	45. MAKE/MANUFACTURER																				
	46. MODEL																				
	47. BARREL LENGTH																				
	48. CALIBER/GAUGE																				
	49. TASER DART ID NO. C310101FWD																				
	50. WEAPON SERIAL NO. (Include Letters) X00570709																				
	51. CHICAGO GUN REG. NO.																				
	52. IL FIREARM OWNER ID. NO.																				
	53. HANDGUN CERTIFICATE NO.																				
	54. SPECIAL WEAPON CERTIFICATE NO.																				
	55. PROPERTY INVENTORY NO.																				
	56. TYPE OF AMMUNITION USED																				
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1																				
	58. TOTAL NO. OF SHOTS MEMBER FIRED																				
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																				
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																				
	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED																				
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																				
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																				
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																				
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																				
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																				
	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																				
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																				
	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																				
CASE INFO.	70. EVENT NO.																				
	71. R.D. NO.																				
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																				
	73. REPORTING MEMBER (Print Name) RIVERA, VICTOR L 03-MAY-2012 02:20:29																				
	STAR/EMPLOYEE NO. 13011																				
	SIGNATURE [REDACTED]																				
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																				
	74. REVIEWING SUPERVISOR (Print Name) POPPISH, MICHAEL J																				
	STAR NO. 1109																				
	SIGNATURE [REDACTED]																				
	DATE REVIEWED 03-MAY-2012 02:24:07																				
	TIME																				

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	430 ILCS 65.0/2-A-1, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-3-A-1, 720 ILCS 5.0/12-3-A-1, 720 ILCS 5.0/24-1.6-A-2		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject states he is sorry and that he was just worked up. Asked if he wanted to say anything else or needed anything else-he stated no.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The members' actions were in compliance with the Department's use of force model and policies based on the information present.

Taser discharge log #1053742 obtained from Gonzalez OPS COM

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MC DERMOTT, SARAH A

SIGNATURE



DATE COMPLETED

TIME

03-MAY-2012 02:37:03

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

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☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)